



**Department of Veterans Affairs (VA)  
VA MIDWEST HEALTH CARE NETWORK  
Veterans Integrated Service Network (VISN) 23**

**Network Update**

**April 2010**

[www.visn23.va.gov](http://www.visn23.va.gov)



**VISN 23 Numbers**

In 2008 17,259 women Veterans enrolled and **10,548** were served. In 2009, 18,748 women Veteran enrolled and **11,591** were served

**By the Numbers \***

- 23,067,000 is the estimated number of living Veterans
- 3.10 million Veterans were receiving disability compensation as of 12/31/09
- 8.061 million Veterans were enrolled in VA health care in 2009.
- 5.744 million is the number of unique patients treated by VA in 2009
- 380,509 is the number of Veterans compensated for PTSD as of 12/31/2009

**Correction** Last month we incorrectly reported the number of women Veteran served in VISN 23. We regret the error and provide the following to correct the record.

Nationally, there has been a steady increase in the number of Women Veterans served by VA. Between 2008 and 2009, the number of Women Veteran served in VISN 23 increased by 1,057.

Source: DVA Information Technology Center; Health Services Training Report; VBA Education Service; VBA Office of Performance Analysis & Integrity; VHA (10A5); DoD. More stats at [http://www1.va.gov/VETDATA/Pocket-Card/4X6\\_winter10\\_sharepoint.pdf](http://www1.va.gov/VETDATA/Pocket-Card/4X6_winter10_sharepoint.pdf)

**VA Proposes Change to Aid Veterans Exposed to Agent Orange**

Over 100,000 Veterans exposed to herbicides while serving in Vietnam and other areas will have an easier path to qualify for disability pay. A proposed regulation adds three new illnesses to the list of health problems related to Agent Orange and other herbicide exposures. The illnesses are B cell leukemias, such as hairy cell leukemia; Parkinson's disease; and ischemic heart disease. The new rule will bring the number of illnesses presumed to be associated with herbicide exposure to 14 and significantly expand the current leukemia definition to include a much broader range of leukemias beyond chronic lymphocytic leukemia previously recognized by VA. In practical terms, Veterans who served in Vietnam during the war and who have a "presumed" illness don't have to prove an association between their illnesses and their military service. This "presumption" simplifies and speeds up the application process for benefits. For more information go to

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1876>

**Recovery and Reinvestment Act (ARRA)**

In putting Americans back to work through the American Recovery and Reinvestment Act (ARRA), the Department of Veterans Affairs has been allocated \$1.4 billion. VISN 23 received a total of \$40,645,048 for ARRA projects. The money is targeted on programs that interest Veterans. To learn about the specific VA projects check out VAs new interactive map on VA's website at <http://www.homeloans.va.gov/varecovery/>. Here you can click on any state and see where VA ARRA funds are allocated.



**VA Targets \$39 Million for Homeless Veterans**

The Department of Veterans Affairs is allocating \$39 million to fund about 2,200 new transitional housing beds through grants to local providers. The \$39 million in funding is broken into two categories. About \$24 million in grants are available to renovate or rehabilitate space to create about 1,000 transitional housing beds. The grants put a priority upon housing for homeless women and housing on tribal lands. A second group of grants, valued at about \$15 million, is expected to fund about 1,200 new beds for homeless providers who already have suitable transitional housing. The grants will provide per diems based upon the number of homeless Veterans being served in transitional housing. For more information, visit

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1865>

## VA Recognizes “Presumptive” Illnesses in Iraq, Afghanistan

On March 18, Secretary of Veterans Affairs announced the Department of Veterans Affairs (VA) is taking steps to make it easier for Veterans to obtain disability compensation for certain diseases associated with service in the Persian Gulf War or Afghanistan. Following recommendations made by VA's Gulf War Veterans Illnesses Task Force, VA is publishing a proposed regulation in the *Federal Register* that will establish new presumptions of service connection for nine specific infectious diseases associated with military service in Southwest Asia during the Persian Gulf War, or in Afghanistan on or after September 19, 2001. The proposed rule includes information about the long-term health effects potentially associated with the nine diseases: Brucellosis, *Campylobacter jejuni*, *Coxiella burnetii* (Q fever), malaria, *Mycobacterium tuberculosis*, Nontyphoid *Salmonella*, *Shigella*, Visceral leishmaniasis and West Nile virus. With the proposed rule, a Veteran will only have to show service in Southwest Asia or Afghanistan, and a current diagnosis of one of the nine diseases. Comments on the proposed rule will be accepted over the next 60 days. A final regulation will be published after consideration of all comments received. Because the Persian Gulf War has not officially been declared ended, Veterans serving in Operation Iraqi Freedom are eligible for VA's new presumptions. Secretary Shinseki decided to include Afghanistan Veterans in these presumptions because National Academy of Sciences (NAS) found that the nine diseases are prevalent in that country. VA news release on this topic is available at <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1869>

## Serving Those Returning From Combat

The Network takes a proactive approach on outreaching to returning service members. As of February 28, 2010, the Network enrolled a total of 36,822 returning service members. Of those, 22,196 received outpatient services; 895 were treated as inpatients; and 13,731 chose to enroll only. If you would like to discuss ideas on how we can better serve those returning from combat, please contact the OEF/OIF Coordinator at your local VA Medical Center. The following tables show the number of Combat Veterans enrolled in this Network and where they are receiving care.

Combat Veterans Care in VISN 23				
Cumulative thru February 28, 2010				
Location	Outpatient Care	Inpatient Care	Enroll Only	Total
Black Hills	1982	256	117	2355
Central Iowa	1798	26	1160	2984
Fargo	1555	23	1772	3350
Iowa City	2777	50	887	3714
Minneapolis	4267	244	7183	11694
Neb/W-Iowa	3274	49	2184	5507
St. Cloud	3532	127	33	3692
Sioux Falls	3011	120	395	3526
VISN 23 Total	22196	895	13731	36822

Combat Vets Enrolled in VISN 23				
Cumulative thru February 28, 2010				
Location	National Guard	Reserve	Active Duty	Total
Black Hills	1012	43	1300	2355
Central Iowa	1769	284	931	2984
Fargo	2279	175	896	3350
Iowa City	2573	584	557	3714
Minneapolis	5496	3893	2305	11694
Neb/W-Iowa	2778	1157	1572	5507
St. Cloud	2018	303	1371	3692
Sioux Falls	1173	190	2163	3526
VISN 23 Total	19098	6629	11095	36822

## Minneapolis VA Medical Center Now Accepts Veteran with Certain Medical Conditions by Ambulance

On Monday, March 15, the Minneapolis VA Medical Center (VAMC) began accepting Veterans with certain medical conditions who arrive by ambulance. Not all ambulance cases can be accepted. There are a number of exclusions including burn victims, pregnancies, multiple traumatic injuries, and cases requiring forensic procedures such as acute sexual assault. In addition, cases where there is a clear need to take the Veteran to the closest medical care facility because of an immediate life-threatening condition will not come to the Minneapolis VAMC. In the past, VAMC was on a “divert” status with the local Emergency Medical System (EMS), which meant ambulances went directly to a community hospital emergency department where a Veteran patient would be stabilized and then transferred to VAMC when appropriate. Now, a Veteran living in the Minneapolis-St. Paul 911-referral area, who calls for an ambulance, will be transported directly to VAMC if they desire and provided they are medically appropriate. These would include patients who have experienced a heart attack or stroke, or a non-critical fracture, such as breaking a hip in a fall. As is the case with all hospitals that accept ambulances, there may be situations when Minneapolis VAMC would be on a “divert” status, such as unavailability of a particular service (i.e. specialized medically-monitored intensive care bed) or overcrowding in the Emergency Department. This new policy only pertains to Veterans having access to a VAMC emergency room. Beneficiary travel regulations have not changed.



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**Minneapolis VA Medical Center Offers Educational Meetings for County Van Drivers**

The Minneapolis VA Medical Center will host Educational Meetings for the County Van Drivers on the following dates. The same information will be provided at each meeting. We encourage as many drivers as possible to come and join us. If you have any questions, please contact Chris Erickson, Director, Patient Family Center, Minneapolis VAMC at (612) 467-2373.

**When**

<b>April 23, 2010 (Friday)</b>	<b>10-11am</b>
<b>April 26, 2010 (Mon)</b>	<b>10-11am</b>
<b>April 27, 2010 (Tues)</b>	<b>10-11am</b>
<b>April 28, 2010 (Wed)</b>	<b>10-11am</b>

**Where**

<b>Room 1B-102 (entrance to Cafeteria)</b>
<b>Room 1B-102</b>
<b>Room 1B-102</b>
<b>Room 1B-102</b>

For More information, call the Network Office at (612) 725-1968 or Log on at <a href="http://www.visn23.va.gov">www.visn23.va.gov</a> or email <a href="mailto:sharyl.schaepe@va.gov">sharyl.schaepe@va.gov</a>
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